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1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

4a	(Code) (Expenses \$ 16,306,522 including grants of \$) (Revenue \$ 15,228,904)
	St Joseph's Health System oversees and supports seven not-for-profit entities serving a number of diverse communities throughout north Georgia. By providing long-range strategic planning, financial, legal, and other expertise and support services, the system helps its constituent entities achieve their objective of providing state-of-the-art health care services to many segments of the community including those who are traditionally underserved such as the poor and elderly.

[illegible][illegible]

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	including grants of \$	) (Revenue \$		)

4e	Total program service expenses	\$ 16,306,522
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a33	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a40	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	26	
b	Enter the number of voting members that are independent . . .	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Kevin D Brennan Jr 5665 Peachtree Dunwoody Road Atlanta, GA 303421701 (678) 843-5928

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b Total	1,409,869	999,270	281,862
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Olgetree Deakins Nash Smaok and PO Box 89 Columbia, SC 29202	Legal	151,401

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	Membership Dues and As _____	900,099	16,306,525	16,306,525			
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		16,306,525				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,506,920			1,506,920	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		2,584,541						
		-2,584,541						
	d	Net gain or (loss)		-2,584,541	-2,584,541			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
	b Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			15,228,904	13,721,984	0	1,506,920	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,024,800	2,024,800		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	891,449	891,449		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	173,692	173,692		
9	Other employee benefits	110,278	110,278		
10	Payroll taxes	181,350	181,350		
11	Fees for services (non-employees)				
a	Management				
b	Legal	482,904	482,904		
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,393	1,393		
13	Office expenses	76,699	76,699		
14	Information technology	161	161		
15	Royalties				
16	Occupancy	600,970	600,970		
17	Travel	10,433	10,433		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,092	185,092		
20	Interest				
21	Payments to affiliates	9,262,002	9,262,002		
22	Depreciation, depletion, and amortization	439,225	439,225		
23	Insurance	33,755	33,755		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Association Dues, Execu	1,152,348	1,152,348	0	0
b	Consulting & O ther Purc	632,075	632,075	0	0
c	Other	47,896	47,896	0	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,306,522	16,306,522	0	0
26	Joint costs. Check here ☒ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				49,396	1	1,654,016
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				16,593	4	4,241
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net				1,434,302	7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				679,349	9	489,627
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,008,509				
	b	Less accumulated depreciation	10b	1,657,063		2,623,117	10c	1,351,446
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11				85,684,201	12	99,171,920
	13	Investments—program-related See Part IV, line 11				46,466,576	13	46,466,576
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				2,143,030	15	4,342,936
	16	Total assets. Add lines 1 through 15 (must equal line 34)				139,096,564	16	153,480,762
Liabilities	17	Accounts payable and accrued expenses				623,288	17	515,859
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities Complete Part X of Schedule D				7,634,687	25	1,506,754
	26	Total liabilities. Add lines 17 through 25				8,257,975	26	2,022,613
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				130,840,074	27	151,447,748
	28	Temporarily restricted net assets				-1,485	28	10,401
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				130,838,589	33	151,458,149
	34	Total liabilities and net assets/fund balances				139,096,564	34	153,480,762

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .		No
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Saint Joseph's Health System Inc	Employer identification number 58-1744848
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☒

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Saint Josephs Translational Research Institute	800079841	4	Yes		Yes		Yes		3,100,000
Saint Josephs Hospital of Atlanta	580566257	3	Yes		Yes		Yes		1,700,000
Total									4,800,000

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 58-1744848

Name: Saint Joseph's Health System Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kirk Wilson President/CEO	40 00	X		X				0	626,780	52,508
Sister Jane Gerety RSM Secretary thr 6/30/09	40 00	X		X				0	187,870	1,823
Sister Angela Ebberwein VP, SJMC	2 00	X						0	143,541	0
Bruce Simmons Chair	2 00	X						0	0	0
JStephen Eaton Vice Chair	2 00	X						0	0	0
Sr Helen Amos RSM Board Member	2 00	X						0	0	0
Donald Brooks Board Member	2 00	X						0	0	0
Timothy Cambias Board Member	2 00	X						0	0	0
Frank Craft Board Member	2 00	X						0	0	0
Lani Wong Board Member	2 00	X						0	0	0
Stacy Abrams Board Member	2 00	X						0	0	0
Ronald Dykes Board Member	2 00	X						0	0	0
Richard Hansen MD Board Member	2 00	X						0	0	0
LPhillip Humann Board Member	2 00	X						0	0	0
William Lieppe MD Board Member	2 00	X						0	2,775	0
Dennis Lockhart Board Member	2 00	X						0	0	0
Guy Orangio MD Board Member	2 00	X						0	18,800	0
Eugenia Pascual Board Member	2 00	X						0	0	0
Sr Majorie Bosse RSM Board Member	2 00	X						0	0	0
Eugene Davidson MD Board Member	2 00	X						0	19,504	0
JRobert Fitzgerald Board Member	2 00	X						0	0	0
Jane Haverty Board Member	2 00	X						0	0	0
Michael Keough Board Member	2 00	X						0	0	0
Sr Elizabeth Linehan R Board Member	2 00	X						0	0	0
Sr Eileen Wilhelm RSM Board Member	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Edward H Bastian Board Member	2 00	X						0	0	0
Kevin Brenan Treasurer	40 00			X				269,764	0	46,377
Paul Justice Asst Sec thru 6/30/09, S	40 00			X				251,853	0	23,971
Robin L Everhart Co-Asst Sec eff 7/1/09	40 00			X				103,501	0	14,958
Samuel David McLean Jr Co-Asst Sec eff 7/1/09	40 00			X				147,315	0	18,788
Ralph L Haynes Sr VP, Med Affairs	40 00				X			294,176	0	54,735
Reba R Allison Dir, Risk Mgmt	40 00				X			125,068	0	36,487
Laura H Roberts Dir, Corp Compliance	40 00				X			113,202	0	7,087
Marianne S Baird Clin Specialist	40 00				X			104,990	0	25,128
Reba R Allison Dir, Risk Mgmt	40 00					X		125,068	0	36,487
Laura H Roberts Dir, Corp Compliance	40 00					X		113,202	0	7,087
Marianne S Baird Clin Specialist	40 00					X		104,990	0	25,128

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Saint Joseph's Health System Inc	Employer identification number 58-1744848
---	---

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		200,006	42,965	157,041
c Leasehold improvements		191,367	140,008	51,359
d Equipment		2,617,136	1,474,090	1,143,046
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,351,446

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Joseph's Health System Inc

Employer identification number
58-1744848

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kirk Wilson	(i)	0	0	0	0	0	0	0
	(ii)	407,039	72,327	147,414	28,689	23,819	679,288	0
Sister Jane Gerety RSM	(i)	0	0	0	0	0	0	0
	(ii)	187,870	0	0	0	1,823	189,693	0
Kevin Brenan	(i)	257,643	180	11,941	25,458	20,919	316,141	0
	(ii)	0	0	0	0	0	0	0
Paul Justice	(i)	232,042	10,000	9,811	7,674	16,297	275,824	0
	(ii)	0	0	0	0	0	0	0
Samuel David McLean Jr	(i)	147,187	0	128	4,571	14,217	166,103	0
	(ii)	0	0	0	0	0	0	0
Ralph L Haynes	(i)	210,106	0	84,070	38,904	15,831	348,911	0
	(ii)	0	0	0	0	0	0	0
Reba R Allison	(i)	124,110	0	958	17,727	18,760	161,555	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Ralph Haynes had a health club benefit.
	Part I, Line 4a	Ralph Haynes contributed \$9,261.53 and received \$13,367.07 in compensation.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Saint Joseph's Health System Inc

Employer identification number
58-1744848

Identifier	Return Reference	Explanation
Form 990, Part V, Line 1c		The organization does not have any backup withholding requirements for reportable payments to vendors and reportable gaming winnings to prize winners Had the organization been required to do so backup withholding would have been performed
Form 990, Part V, Lines 7g & 7h		The organization did not receive any contributions that require the filing of Form 8899 or 1098-C for the 2009 year If it had, the respective forms would have been filed
Form 990, Part VI, Section A, line 2		SJHS Board members Jane Haverty and Clarence Ridley have a family relationship
Form 990, Part VI, Section A, line 6		Yes, CHE is the sole member of Saint Joseph's Health System, Inc
Form 990, Part VI, Section A, line 7a		Yes, CHE is the sole member of Saint Joseph's Health System and approves the appointment of the members of the governing body, and holds certain reserved powers over the decisions taken by the governing body
Form 990, Part VI, Section A, line 7b		Yes, CHE is the sole member of Saint Joseph's Health System and approves the appointment of the members of the governing body, and holds certain reserved powers over the decisions taken by the governing body
Form 990, Part VI, Section B, line 11		The organization took steps to educate management, members of the board and members of appropriate subcommittees of the board on the compliance requirements mandated by the new Form 990 The Form 990 is reviewed by management and one or more committees of the board The full board is appraised of the committee's findings from their review , and a copy of the organization's Form 990 is made available for review to the governing body
Form 990, Part VI, Section B, line 12c		The organization has established policies and processes addressing conflicts of interest Annually, all those serving Saint Joseph's Health System, Inc ("SJHS") in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed Disclosures of financial interests or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and board's chair Summary information is reported to the entire board and available to the board throughout the year as business comes before the board or management for action The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the board or an appropriate committee thereof comprised of dis- interested persons and without the participation of the affected individual except to respond to questions about the disclosure The policy further addresses the procedure for the board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings Lastly, the policy addresses potential disciplinary action for violations of the policy The policy is available to the upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization has adopted CHE's process for determining compensation which includes the following The board has established an independent executive compensation committee to review and approve all elements of remuneration for all disqualified parties, as well as other key management The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements The committee engages with external consultants to provide market data comparing the organization's roles to similarly sized health systems utilizing both title and job content comparisons The committee reviews the market analysis, approves any salary adjustments for the executive members and other disqualified persons, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan All of these discussions and decisions are documented through the provision of meeting minutes

Form 990, Part VI, Section C, line 19 Organizational Articles of Incorporation, Corporate Bylaws, governance policies believed to be of interest to the public, conflict of interest policy,and IRS Form 990 are available upon request Form 990, Part XI, Line 2a & b While the entity does not have individual audited financial statements, an audit of CHE's consolidated financial statements were performed Schedule R, Part V, Line 2 Description of method used to determine the value of the services, cash, and other assets Value of services, cash and other assets that are reported in transactions among related tax-exempt organizations are recorded at actual value (i e , actual amount of cash exchanged, actual amount of employee services rendered to the related entity, actual amount of reimbursement to related entity, etc) Form 990, Part VII, Section A, Line 1a All money paid on behalf of the Sisters goes directly to their religious order on their behalf

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

58-1744848

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l No

1m No

1n No

1o No

1p Yes

1q Yes

1r Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 58-1744848

Name: Saint Joseph's Health System Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Health System of Maine 144 State Street Portland, ME04101 01-0484074	Management & Support Services	ME	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Hospital 144 State Street Portland, ME04101 01-0211534	Hospital	ME	501(c)(3)	Line 3	Mercy Health System of Maine
Mercy Care for Kids Inc 310 South Manning Blvd Albany, NY12208 14-1717564	Day care center	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY12084 14-1743506	Nursing Home Facility	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Auxiliary 315 South Manning Blvd Albany, NY01228 22-2843206	Auxiliary	NY	501(c)(3)	Line 11a, I	St Peter's Health Care Services
St Peter's Health Care Services 315 South Manning Blvd Albany, NY12208 22-2702507	Management & Support Services	NY	501(c)(3)	Line 9	Catholic Health East
St Peter's Hospital 315 South Manning Blvd Albany, NY12208 14-1348692	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Hospital Foundation Inc 319 South Manning Blvd Suite 309 Albany, NY12208 22-2262982	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
St Peter's Licensed Home Care Agency 159 Wolf Road Albany, NY12205 14-1818568	Home Health	NY	501(c)(3)	Line 3	St Peter's Health Care Services
The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY12144 22-2692940	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY12144 14-1608921	Serving seriously ill people & their families	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Villa Mary Immaculate 301 Hackett Blvd Albany, NY12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY12205 14-1732097	Supporting & strengthening the ministries of rel sr mercy	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Brightside Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Farren Care Center Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-3398280	Acute Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street No 108 Holyoke, MA01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East
McAuley Center Inc 275 Steele Road West Hartford, CT06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Services 2021 Albany Avenue West Hartford, CT06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc
Mercyknoll Inc 2021 Albany Avenue West Hartford, CT06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East
Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Mercy Uihlein Health Foundation 185 Old Military Road Lake Placid, NY12946 14-1808618	Foundation	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Uihlein Mercy Center 185 Old Military Road Lake Placid, NY12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East
St James Mercy Hospital 411 Canisteo Street Hornell, NY14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc
Marian Community Hospital 100 Lincoln Avenue Carbondale, PA18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System
Marian Community Hospital Auxiliary 100 Lincoln Avenue Carbondale, PA18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Foundation 100 Lincoln Avenue Carbondale, PA18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Health System 100 Lincoln Avenue Carbondale, PA18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East
Maxis Medical Services 100 Lincoln Avenue Carbondale, PA18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System
Tri-County Human Services Center Inc PO Box 517 Carbondale, PA18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System
Columbus Acquistion Corp 1160 Raymond Boulevard Newark, NJ07102 26-2616342	Health Services	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
Saint Michaels Medical Center 111 Central Avenue Newark, NJ07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East
St James Care Inc 1160 Raymond Boulevard Newark, NJ07102 26-2616230	Hospital	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
St Michaels Medical Center Foundation 1160 Raymond Boulevard Newark, NJ07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center
University Heights Property Company Inc 1160 Raymond Boulevard Newark, NJ07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)		Saint Michaels Medical Center
Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
St Francis Medical Center Foundation NJ 601 Hamilton Avenue Trenton, NJ08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ08629 22-3431049	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA19047 23-2519529	MRI Services	PA	501(c)(3)	Line 9	St Mary Medical Center
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center
East Norriton Physician Services c/o One West Elm Street Conshohocken, PA19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Family Support 1001 Baltimore Pike Suite 301 Springfield, PA19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Health Foundation of Southeastern Pennsylvania c/o MHS One West Elm Street Conshohocken, PA19428 23-2829864	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health Plan c/o One West Elm Street Conshohocken, PA19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Home Health Services 1001 Baltimore Pike Suite 301 Springfield, PA19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Suburban Hospital One West Elm Street Conshohocken, PA19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA19152 23-2300951	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Physician Services Inc 2601 Holme Avenue Philadelphia, PA19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 11c, III-FI	Mercy Health System of Southeastern Pennsylvania
NE Physician Services 2601 Holme Avenue Philadelphia, PA19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center 1900 S Broad Street Philadelphia, PA19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center Foundation 1900 S Broad Street Philadelphia, PA19145 23-2415137	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ08108 26-1854750	Supporting Organization	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services
Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Medical Center Burlington County 218 Sunset Road Willingboro, NJ08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East
Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital
St Francis Foundation PO Box 2500 Wilmington, DE19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital
St Francis Hospital PO Box 2500 Wilmington, DE19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East
McAuley Ministries McAuley Hall 3333 Fifth Avenue Pittsburgh, PA15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA19073 25-1310602	Hospital	PA	501(c)(3)	Line 3	Pittsburgh Mercy Health System
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Pittsburgh Mercy Foundation 1200 Reedsdale Street Pittsburgh, PA15233 25-1479026	Foundation	PA	501(c)(3)	Line 11b, II	Pittsburgh Mercy Health System
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
St Joseph's of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East
Mercy Senior Care Inc 212 West Third Street PO Box 866 Rome, GA30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's at East Georgia Inc 1201 Siloam Raod Greensboro, GA30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Hospital of Atlanta Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-0566257	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Mercy Care Services Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's Mercy Foundation Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc
Saint Joseph's Research Institute Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 80-0079841	Research	GA	501(c)(3)	Line 4	Saint Joseph's Health System Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East
St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc
St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East
Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East
St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc
Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Holy Cross Long-Term Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc
Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)		Holy Cross Hospital Inc
Mercy Hospital Foundation Inc 3663 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc
Mercy Hospital Inc 3663 South Miami Avenue Miami, FL 33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Mercy Medical Development Inc 3663 South Miami Avenue Miami, FL 33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc
Mercy Mission Services Inc 3663 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc
Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(c)(3)	Line 11a, I	N/A
Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East
Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East
Mercy Jeanette Hospital Foundation 600 Jefferson Avenue Jeannette, PA 15644 25-1462863	Foundation	PA	501(c)(3)	Line 7	Pittsburgh Mercy Health System
VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine
Providence Place Inc 5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Intracoastal Health Systems 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
St Peter's Ambulatory Surgery Center LLC 1375 Washington Avenue Ste 201 Albany, NY12206 46-0463892	Surgery	NY	N/A								
Catherine Horan Building Limited Partnership 1221 Main Street Room 108 Holyoke, MA010400000 04-2723429	Property Management	MA	N/A								
Central New Jersey Heart Services LLC 10720 Sikes Places Ste 300 Charlotte, NC28277 20-8525458	Cardiac Program	NJ	N/A								
Langhorne MOB Partners LP 1201 Langhorne-Newtown Road Langhorne, PA19047 23-2622772	Investment and operation of a medical building	PA	N/A								
SMMC MOB II LP 1201 Langhorne-Newtown Road Langhorne, PA19047 36-4559869	Investment and operation of a medical building	PA	N/A								
AmeriHealth Mercy Health Plan 200 Stevens Drive Suite 350 Philadelphia, PA19113 23-2859523	Medicaid Managed Care Organization	PA	N/A								
Amerihealth Mercy of Indiana LLC 200 Stevens Drive Suite 350 Philadelphia, PA19113 20-4948091	Prepaid Health Care Services	IN	N/A								
East Norriton Medical Associates 2701 Dekalb Pike Norristown, PA19401 23-2319531	Medical Office Building	PA	N/A								
East Norriton Medical Associates 2701 Dekalb Pike Norristown, PA19401 23-2319531	Medical Office Building	PA	N/A								
Gateway Health Plan 300 Grant Street Pittsburgh, PA15219 25-1691945	Medicaid & Medicare/Special Needs Managed Care Organization	PA	N/A								
Keystone Mercy Health Plan 100 Stevens Drive Philadelphia, PA19113 23-2842344	Medicaid Managed Care Organization	PA	N/A								
MercyManor Partnership PO Box 10086 Toledo, OH436990086 52-1931012	Nursing Home	PA	N/A								
St Agnes Long Term Intensive Care LLP 1900 S Broad Street Philadelphia, PA19145 20-0984882	Long Term Intensive Care	PA	N/A								
Nazareth Medical Office Building Associates LP c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA19152 23-2388040	Medical Office Building	PA	N/A								
Nazareth Medical Office Building Associates LP c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA19152 23-2388040	Medical Office Building	PA	N/A								
St Agnes Long Term Intensive Care LLP 1900 S Broad Street Philadelphia, PA19145 20-0984882	Long Term Intensive Care	PA	N/A								
Wilmington Heart Services LLC 7th Clayton Streets Wilmington, DE19805 26-0408427	Cardiology	DE	N/A								
Outpatient Surgical Management LLC 5673 Peachtree Dunwoody Rd Ste 5500 Atlanta, GA30342 20-8004929	Outpatient Medical Services	GA	N/A								
Physicians Outpatient Surgery Center LLC 1000 NE 56th Oakland Park, FL33334 35-2325646	Ambulatory Surgery Center	FL	N/A								
Center for Surgery & Digestive Orders 3641 South Miami Avenue Miami, FL33133 51-0438152	Outpatient Medical Services	FL	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938180		Building Management	MA	N/A	C			
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3128890		Medical Services	MA	N/A	C			
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3029829		Medical Services	MA	N/A	C			
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3317426		Health Care Services	MA	N/A	C			
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938181		Lab Services	MA	N/A	C			
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA010400000 04-6608649		Property Management	MA	N/A	C			
SJM Properties 411 Canisteo Street Hornell, NY148482104 16-1294991		Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA18407 23-2801677		Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA18407 23-2801676		Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA18407 23-2365077		Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD		Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue trenton, NJ086291986 26-1649038		Health Care Services	NJ	N/A	C			
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ086291986 22-3435844		Inactive	NJ	N/A	C			
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 25-3795549		General Partner of LMO B Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 23-2625981		General Partner of LMO B Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA19113 26-1144363		Behavioral Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC29405 57-1032456		Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA15219 25-1505506		Health Care	PA	N/A	C			
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA15219 30-0282076		Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA19428 23-2184261		Medical Office Buildings	PA	N/A	C			
Community Behavioral Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA17112 25-1765391		Behaviorial Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ08035 22-3366580		Health Care Billing	NJ	N/A	C			
Lourdes Health Services Inc 1600 Haddon Avenue Camden, NJ08103 22-2890286		Health Services	NJ	N/A	C			
Jeannette MP Inc 600 Jefferson Ave Jeannette, PA15644 25-1787334		Holding Company	PA	N/A	C			
Jeannette OGG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890748		Holding Company	PA	N/A	C			
Jeannette PCG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890743		Holding Company	PA	N/A	C			
Saint Joseph's Service Corporation Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1750815		Service Provider	GA	N/A	C	-6,399,221	57,911,856	100 000 %
Saint Joseph's Real Estate Management Corp 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1657768		Investment Company	GA	N/A	C	389,896	2,139,026	100 000 %
Magnetic Resonance Imaging Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1609308		Holding Company	GA	N/A	C			100 000 %
ACTx 5673 Peachtree Dunwoody Road Atlanta, GA303421769 83-0345672		Research	GA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA20191 54-1806329		Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Pkly Bogart, GA30622 58-2276801		Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA30305 58-2277939		Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL333080000 59-1145192		Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL33133 20-2970015		Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266		Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA19073 37-1572595		Senior Services	PA	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Saint Joseph's Hospital of Atlanta Inc	K	15,754,586
(2)	Saint Joseph's Mercy Foundation Inc	K	23,651
(3)	Saint Joseph's East Georgia Inc	K	64,324
(4)	Saint Joseph's Translational Research Institute Inc	K	165,522
(5)	Saint Joseph's Service Corporation & Subsidiaries Inc	K	97,823
(6)	Saint Joseph's Mercy Care Services Inc	K	166,467
(7)	Saint Joseph's Mercy Senior Care Inc	K	34,152
(8)	Saint Joseph's Hospital of Atlanta Inc	P	29,996
(9)	Saint Joseph's Translational Research Institute Inc	P	36,617
(10)	Saint Joseph's Hospital of Atlanta Inc	Q	1,700,000
(11)	Saint Joseph's Translational Research Institute Inc	Q	3,100,000
(12)	Saint Joseph's Hospital of Atlanta Inc	R	9,918,293
(13)	Saint Joseph's East Georgia Inc	R	1,900,000
(14)	Catholic Health East	P	45,807
(15)	ACTx Inc	Q	62,000
(16)	Saint Joseph's Translational Research Institute Inc	A	80,741
(17)	Saint Joseph's Translational Research Institute Inc	D	1,417,708